



# Cognitive Behavioral Play Counseling Based On “*Andai-Andai*” To Increase Resilience

Syska Purnama Sari<sup>1</sup>, Juntika Nurihsan<sup>1</sup>, Yusi Riksa Yustiana<sup>1</sup>, and Ipah Saripah<sup>1</sup>

<sup>1</sup> Universitas Pendidikan Indonesia, Bandung, Indonesia  
juntikanurihsan@upi.edu

**Abstract.** Resilience originated from a study on children who are at risk, from this study it was found that one-third of children who live at risk can survive and adapt to the various kinds of problems and risks they face. Every individual can survive which is called resilience. For this reason, the role of Guidance and Counseling is very important in building student resilience. One effort that can be made is to use cognitive behavioral play counseling based on "*andai-andai*". The purpose of writing this article is to discuss and examine guidance and counseling efforts to cognitive behavioral play counseling based on "*andai-andai*" to develop resilience. The method used is *a literature review*. The result obtained is that resilience can be increased through play guidance and counseling by using one of the approaches, *cognitive-behavioral* through local wisdom from South Sumatra, namely "*andai-andai*".

**Keywords:** *Andai-andai*, Cognitive Behavioral Play Counseling, Resilience

## 1 Introduction

Each individual must have had challenges in his life. These challenges can create new problems for individuals. Each of these problems has a different impact on individuals. Some individuals can survive and overcome the challenges they experience so that they do not cause significant problems, but many individuals cannot face these challenges. As expressed by (Wiwini Hendriani, 2018) resilience is the most appropriate competency in facing life's challenges to achieve healthy human mental development. Individuals with good resilience will be better able to withstand stress and can reduce emotional and behavioral disturbances so that these individuals can live their lives well (Connor & Davidson, 2003).

Resilience is one of the personal competencies that individuals must have because having resilience means that the individual has personal qualities to be able to develop in facing life's difficulties. The root of the word resilience is *resile*, which means to bounce back or soar after being pressured (Agnes, 2013; Smith et al., 2008). Resilience is an individual's ability to develop, remain persistent in solving life's pressures or difficulties, and to be able to adapt well to situations that cause bad events to occur so that they can turn these bad events into valuable experiences that can change oneself in a positive direction ((Connor & Davidson, 2003 ; Grotberg, 2003; Reivich, K & Shatte,

2002) while resilience according to (Han & Nestler, 2017) is active stress coping resulting in pathological changes in response to prolonged adverse stimuli.

Resilience is important for every individual to have, because by having resilience the student has good emotional regulation, Emotional regulation is a process that allows individuals to be able to regulate their natural emotions. Emotion regulation can make individuals understand when and how to express emotions according to the situation that occurs (Angelia et al., 2020). Besides that, by having resilience, students can also have good impulse control, and be able to analyze the problems they are experiencing, elementary school students in underdeveloped areas who have high resilience, these students also have high optimism. The optimistic attitude of students is very important to improve. When a child is smart but does not have an optimistic attitude, success is not close enough to him. Success will be achieved by talented and optimistic children (Seligman, 2002).

According to Jeremy Walker, the concept of resilience has recently rapidly infiltrated broad social science fields, becoming a key term in finance, central banking, corporate strategy, psychology, development, urban planning, public health, education, and national security. Soft and broad enough to cover both human and non-human systems in a single analytics, the concept of resilience is firmly established in the lexicon of global governance. So that Currently resilience is not only used by psychology and guidance and counseling but also by other sciences (Walker & Cooper, 2018). The same thing was stated by Newman, studies on resilience have been developed better in the fields of education and psychology than in social care and health services, but this has increased, and many studies have discussed resilience in various fields of child care practice and social work. (Newman, 2014)

From various studies on resilience, many research findings have been found on trauma, children who are victims of divorce, children who live in social and orphanages, and so on. While research on elementary schools in underdeveloped, frontier, and underdeveloped areas has not found research on resilience development researchers will research resilience development in underdeveloped, frontier, and underdeveloped areas. In addition, the results of research in underdeveloped, frontier, and underdeveloped areas are also found in health, sociology, economics, and so on. Even though this area is included in the marginal area which is full of risks, resilience is needed for each individual. From the definitions of several experts, resilience can develop in groups of individuals who are full of risks. Resilience is one of the personal competencies or individual strengths that will be developed in a group of children who are full of risks. A risk category, such as "parents divorce," includes children with varying experiences of parental conflict before and after divorce, family violence, economic strain, and life disturbances that are known to affect children's well-being (Theron, 2015).

Increasing resilience in students can be through Guidance and Counseling services, namely using cognitive behavioral play counseling based on "*andai-andai*". The cognitive behavior approach is used to change the mindset and behavior of students so that they have high resilience by using play counseling through the local wisdom of South Sumatra "*Andai-Andai*". Play therapy is a way to help troubled children overcome distress, using games as a medium for communication between children and therapists (Sc, 2001), while stress greatly affects a person's resilience. Resilience also plays an important role in helping individuals to survive the many factors or causes of stress that can make individuals experience psychological distress (Ornstein, 1994). The play

counseling technique used is storytelling. Storytelling is one technique of play counseling. Storytelling as a mode of metaphorical communication has been used in a wide range of settings including creative or expressive art therapy, psychodrama, drama therapy, sand play, and play therapy as well as a tool in education and training (Pounds, 1969).

From several research results, cognitive behavioral approaches can develop individual resilience. However, as a renewal, cognitive behavioral play counseling based on "*andai-andai*" was arranged. Play counseling is a medium of communication for BK teachers and students to help children solve their problems and increase student potential. Apart from that, for adults, playing can also increase our self-esteem and lead to calm, silliness, joy, and stress relief. "*Andai-Andai*" was chosen because it is one of the local wisdom from South Sumatra which has good and appropriate values to help students develop resilience. In addition, several experts have explained that culture is one of the factors that influence resilience that is of sufficient concern. As we know the factors that influence individual development are heredity and environment, where culture is part of that environment. Culture is passed on from one generation to another, this culture forms norms, attitudes, and values so that it becomes a habit in a particular environment.

Culture is also a factor of *strengths* and *virtues* in positive psychology. *Strengths* and *virtues* are not innate but are taught by parents, the surrounding environment, social institutions, and social culture (Salonga, 2021). The research results from Ungar show that resilience can be developed from cultural support so that the uniqueness and construct of the culture as a whole are important to take into account. Resilience is a capability that can be internalized in a set of norms of cultural behavior (Widiyanti, 2018) In addition, according to Barber, resilience is increasingly sensitive to the role played by culture, both as a protective factor, as a benchmark, as a system of values and beliefs (Theron, 2015). shows that individuals and communities can face and overcome difficulties not only based on individual characteristics but also from the support of socio-cultural factors. So this study uses the local wisdom "*andai-andai*" as the cultural strategy used. one local wisdom from a district in South Sumatra in the form of oral literature. "*andai-andai*" are currently being prepared to be proposed as a National Intangible Cultural Heritage. This step is an effort by the Government of Musi Banyuasin (Muba) Regency, South Sumatra, to preserve and preserve the cultural heritage of their ancestors.

## 2 Methods

The research design is a Literature Review or literature review. Literature research or literature review is research that examines or critically reviews knowledge, ideas, or findings contained in the body of literature and formulates theoretical and methodological contributions. The nature of this research is descriptive analysis, that is, regularly explaining the literature that has been obtained so that it can be well understood by readers.

### 3 Results and Discussion

Research from (Warner & April 2012) Resilience as a phenomenon initially emerged due to the accident of research to find risk factors that cause psychopathological conditions in children. Research that was originally to identify the damage experienced by children and seek appropriate treatment to help them deal with life risks found that a third of children living with these life risks turned out to have the ability to adapt to the various problems they faced.

The root of the word resilience is *resile*, which means to bounce back or soar after being pressured (Agnes, 2013; Smith et al., 2008). Resilience according to Grotberg is the ability of individuals to face, strengthen themselves, and resolve life pressures from situations that cause bad events to occur so that they can turn these bad events into valuable experiences that can change themselves in a positive direction (Grotberg, 2003). Apart from that, from Reivich and Shatte Resilience is the ability to remain persistent in overcoming problems and adapt well when dealing with situations and conditions that are not supposed to be (Reivich, K & Shatte, 2002).

According to Davidson and Connor, resilience is manifesting personal qualities that enable one to thrive in the face of adversity. Research results over the past 20 years have shown that resilience is a multidimensional characteristic that varies with context, time, age, gender, and cultural origin, as well as in individuals experiencing different life circumstances (Connor & Davidson, 2003).

Of the three theories above, there are also several definitions of resilience according to research results from several experts. According to (McEwen, 2011) resilience is the ability to survive or overcome difficulties from unpleasant events and successfully adapt to change and uncertainty. Resilience is the ability to adapt well in the face of adversity, trauma, tragedy, threats, or significant sources of stress such as family problems, serious health problems, or workplace and financial pressures (Shields & Mullen, 2015).

The definition of resilience is divided into two, namely 1) Recovery from risk to resilience, after experiencing psychological pressure it is hoped that it can be used as a stressful experience that can be utilized as an experience and able to recover from that experience. 2) Maintaining positive things, a person's capacity to prevent pathological conditions, or the ability to recover from disasters thus it includes maintaining positive things even in situations that are not expected (Alex J. Zautra, 2010).

According to Barber resilience is increasingly sensitive to the role played by culture both as a protective factor, a benchmark, as a system of values and beliefs. This shift in perspective began early with the work of Emmy Werner and Ruth Smith (1982, 2001) in Kuaii, Cultural practices in these communities promote connections between people and between people and nature, and focus less on individual strengths and coping strategies. These are all interesting attempts to introduce a cultural lens into resilience studies (Theron, 2015).

Although definitional issues continue to be the subject of debate, Masten has defined resilience as "The capacity of a dynamic system to adapt successfully to disturbances that threaten the function, survival, or development of the system". This definition is intentionally broad and measurable across systems and discipline levels. However, it

requires further delineation in the context of application, to define what “capacity” or “successfully adapts” or “significant challenge” means. From this concept, culture plays many roles in how resilience is defined. The definition of resilience always considers the nature of threats to adaptation and the quality of adaptation after exposure to threats. Threats to adaptation are usually conceptualized by various terms such as risk, adversity, and stressful life events. Positive adaptation is also defined and assessed in a variety of ways, including the absence of psychopathology, success in developing mental tasks that are salient at age, subjective well-being, and relational competence (Theron, 2015).

The results of research from Suranata regarding Cognitive Behavior counseling through online and face-to-face are effective for increasing student resilience. CBT finds extensive evidence from large and robust studies of effective counseling models. This model has two goals: to address psychological problems and to pair counseling with the competency building necessary for academic and life success. The cognitive behavioral counseling model has been widely used as an intervention to promote students' mental health, including the development of resilience (Suranata et al., 2020).

Research from Lian Liu that resilience can be increased through *positive group psychology counseling*. According to Lia Liu, positive group psychology counseling plays a positive role in increasing student resilience (Liu, 2017). Research from Malaysia by Fauziah Moh Saad shows that the resilience of students who get pregnant out of wedlock can be increased through *person centered therapy* (Fauziah Mohd Sa'ad, Fatimah Yusooif, 2014). Research from Kushendar that *solution-focused brief counseling* is effective in increasing the academic resilience and *self-efficacy* of students (Hendar, 2019).

From several studies on interventions to increase resilience, the authors conclude that the intervention that will be used to increase resilience is providing counseling with a *cognitive behavioral play therapy approach*. In its development, *Cognitive Behavior Therapy* is a combination of two therapeutic techniques, namely the *Behavior Therapy technique* developed by Wolpe and other experts in the 1950s, and *Cognitive Therapy* developed by AT Beck in the early 1960s.

Cognitive behavioral therapy is a form of counseling that aims to help clients get better, gain satisfying experiences, and fulfill certain lifestyles, by modifying certain mindsets and behaviors. The cognitive behavioral therapy approach seeks to focus on placing thoughts, beliefs, forms of self-talk, and behavior towards self-consistency.

*Play therapy* is a way to help troubled children overcome distress, using play as a medium for communication between the child and the therapist (Sc, 2001). Playing in adults can increase our self-esteem and lead to calm, silliness, joy, and stress relief. Resilience is closely related to a person's level of distress. Resilience also plays an important role in helping individuals to survive the many factors or causes of stress that can make individuals experience psychological distress. Therefore resilience is something that every individual must have (C. E. Schaefer, 2013).

According to the Association for Play Therapy *Play Therapy* is "the systematic use of theoretical models to build interpersonal processes in which trained counselors use the therapeutic power of play to help counselees prevent or overcome psychosocial difficulties and achieve optimal growth and development According (Kottman,

2011; Reddy et al., 2005) *Play therapy* is the systematic use of theoretical models to construct interpersonal processes by which a trained play therapist uses the power of play therapy to help clients prevent or overcome psychosocial difficulties and achieve optimal growth and development. In addition, the therapeutic power of play refers to the specific change agents through which play initiates, facilitates, or reinforces their therapeutic effects. The power of this game acts as a mediator that positively influences the desired changes in the client (Charles E. Schaefer & Drewes, 2014). *Play therapy* for children is useful for practicing new roles, expressing emotions, trying to understand experiences, and dealing with reality and fantasy, access to the unconscious, direct and indirect teaching, abreaction, stress inoculation, Playing can also make children highly valued ( Kottman, 2011; SM Knell, 2004).

According to Russ, the process in the game can be utilized in play counseling, namely as follows (1) Solving problems that require insight capacity; (2) Flexibility in solving problems; (3) The ability to think diversely; (4) Being able to think of alternative strategies in dealing with everyday problems; (5) Experience positive emotions; (6) The ability to think about affective themes (positive and negative); (7) Ability to understand other people's emotions and take other people's perspectives and (8) Aspects of general adjustment (Crenshaw & Stewart, 2015).

The therapist's personal characteristics and personality traits are key elements in the play therapy process. An effective play therapist must (a) like children and treat them with kindness and respect, (b) have a sense of humor and be willing to laugh at herself, (c) like playful and fun-loving, (d) confident and not dependent on the positive regard of others for self-worth, (e) open and honest, (f) flexible and able to deal with a certain degree of ambiguity, (g) accepting the opinions of others perception of reality without feeling threatened or judgmental, (h) willing to use games and metaphors to communicate, (i) feeling comfortable with children and having experience interacting with them (Kottman, 2011).

### ***Cognitive Behavior Play Therapy***

According to Willert, *cognitive behavior therapy* is behavior-oriented to assist individuals in developing self-awareness, reducing negative thoughts, increasing self-esteem, developing stress management skills to make them more effective, and coping with various mental illness syndromes (Fitri, 2019). *Cognitive behavioral therapy* explicitly recognizes the importance of cognitive, behavioral, physiological, affective, and social factors in the etiology and maintenance of behavioral and emotional disorders ( Kaduson & Schaefer, 2000; Reinecke et al., 2020; SM Knell, 2016).

*Cognitive Behavioral Therapy* is a derivative of Cognitive therapy (CT) as conceptualized by Aaron Beck (1964, 1976). The cognitive model of emotional disturbance involves the interaction between cognition, behavior, and physiology and posits that behavior is mediated through verbal processes; the way individuals interpret the world to a large extent determines how they behave and feel and how they perceive life situations (Beck, A., Emery, G., & Greenberg, 1985). In addition, *Cognitive Therapy* is based on the interaction between feelings, thoughts, behaviors, and the environment. Cognition has an impact on emotions. Changing cognition is thought to facilitate changing feelings/emotions. The cognitive triangle is used in CBT to describe the relationship

between feelings, thoughts/cognitions, and behavior. Factors that are also interrelated with the cognitive triad include environment and physiology. Cognitive therapy is used to make changes to the cognitive components to reduce pathology (Crenshaw & Stewart, 2015). In cognitive theory, where emotional experience is determined by cognitions that have developed in part from prior life experiences, CT has been applied to an increasingly wide range of populations. This includes the psychiatric population, such as individuals with depression, anxiety, and personality disorders, as well as the nonpsychiatric population, such as inmates and medical patients (C. E. Schaefer, 2013).

CT has been influenced by the writings of Albert Ellis about REBT. The two approaches have in common that they focus on the wrong beliefs of the client. The CT approach is also effective for adults and is a structured, short-term approach that uses active collaboration between client and therapist to achieve therapeutic goals. In addition, this therapy is problem-oriented now and focuses on distorted thinking. Furthermore, using certain techniques can change maladaptive thinking. The CT approach is not suitable for children because the cognitive approach and verbal aspects of children are not fully developed and do not allow CT to provide effective benefits for children. Therefore, without changes and adaptations, this theory is not suitable for children and adolescents (S. Knell, 2009).

One of the efforts so that CT can be applied effectively and successfully in children, several adjustments and changes have been made. Play elements have been incorporated with CT to adapt to the child's limited developmental stages. It has also been suggested by many experts that interventions given to children should use play strategies in connecting children with traditional verbal-based interventions (S. Knell, 2009). The stage of child development is not perfect, especially from the aspect of cognitive development, making the CT approach unsuitable for group application. This is because children have not been able to distinguish between rational and irrational as well as logical and non-logical thinking which is an important requirement in CT applications. Accordingly, several changes have been made to the mode of delivery of CT to suit the needs of children. Then formed *Cognitive Behavioral Playing Therapy* (CBPT) (Hamizah et al., 2021).

CBT therapists work to identify, find patterns, and change dysfunctional thinking. With adults, these thoughts are expressed through focused questioning and careful introspection. By identifying and modifying associated maladaptive thoughts, it is assumed that a person's emotions and behavior are largely determined by the way he thinks about the world. It is the perception of events, not the events themselves that determine how one perceives life circumstances. CBT, which was developed for adults, helps a person identify and modify negative thoughts that lead to negative emotions and maladaptive behavior. CBT is effective for a variety of disorders in older children, adolescents, and adults. This is especially true for young children, whose thinking is by definition illogical, egocentric, and concrete. The three main premises of CBT are: (1) thoughts influence individual emotions and behavior in response to events; (2) perceptions and interpretations of events are shaped by individual beliefs and assumptions; and (3) logical errors or cognitive distortions occur in individuals who experience psychological difficulties. For children, errors in logic are often more accurately perceived as maladaptive, rather than irrational or distorted (Crenshaw & Stewart, 2015).

### ***Cognitive Behavioral Play Therapy***

*Cognitive Behavioral Play Therapy* (CBPT) was developed by Susan Knell as an extension of cognitive therapy for children. CBPT extends the cognitive behavioral therapy (CBT) model for young children by enabling communication through play within therapy. CBPT is an intervention that is by developments that are sensitive to emotional, cognitive, and linguistic development (Crenshaw & Stewart, 2015).

*Cognitive Behavioral Play Therapy* is problem-oriented, meaning that the approach focuses on specific problems in a child's life. These problems may relate to relationships, emotions, behavior, or other areas that affect the quality of life for the child and those around him. CBPT focuses on the uniqueness of each child in a supportive and empathetic manner to help children and families make changes and improve problem areas. CBPT connects with children and establishes positive relationships through which changes can be facilitated based on developmentally appropriate versions of the CBPT model. Problem orientation allows the therapist to respect the child's pain and discomfort and use models of change to set goals with the child goal-oriented goal oriented because the child's function has become a concern; The assessment provides information about the problematic domain of functioning. Goals are based on reducing symptoms and improving function (Crenshaw & Stewart, 2015). *Cognitive behavioral play therapy* is combining cognitive and behavioral interventions in the play therapy paradigm. This approach is structured, directive, and goal-oriented. Cognitive-behavioral play counselors use behavioral techniques and cognitive strategies embedded in play to teach children new ways to think about themselves, their relationships, and problem situations. They arrange play scenarios that align with the behavioral and emotional dilemmas experienced by children to help children learn new coping skills and practice appropriate alternative behaviors (Kottman, 2011).

In applying CBPT, it is necessary to identify 8 automatic thoughts /*thinking errors* known as cognitive distortions, (Palmer, 2000).

1. 'Pseudo or nothing' thinking is evaluating experiences using extreme statements
2. Mind readers, namely believing in negative responses without relevant information
3. Personalization, blaming yourself in an incident
4. Overgeneralization, i.e. generalizing conclusions
5. Fortune telling, believing that one knows the future.
6. Emotional reasoning, which is confusing feelings with facts
7. Labeling, using a label that is on yourself or someone else
8. Magnification, exaggerating things out of proportion

CBPT has several stages in its application (S. Knell, 2009; Charles E. Schaefer, 2016) as follows:

1. *Introductory or Orientation*, namely the introduction or preparation period before treatment.



2. *Assessment.* After preparation for CBPT, emerging problems, and diagnostic clarity will be better understood, and treatment plans developed during the early stages of CBPT.
3. *Middle Stage.* At this stage, the therapist has developed a treatment plan, and therapy will focus more on increasing the child's competence, desire to achieve target behavior, and learning adaptive responses to deal with more specific situations. Based on the current problem, the therapist will have a wide array of cognitive and behavioral interventions from which to choose.
4. *Termination Stage.* At the termination stage, the child and family are ready for the end of therapy.

The following properties or characteristics of CBPT are articulated by (S. M. Knell, 2004), namely as follows:

1. CBPT uses play to engage with children. Play allows children to become active participants in therapy. Interesting games for children reduce children's endurance and increase obedience. Play is seen as an expression of thought and language. Playing can be used as a tool to communicate with children, and CBPT shows respect for children's opinions. By allowing children to "voice" themselves through play, children are encouraged to actively participate in their therapy
2. CBPT focuses on feelings, thoughts, and behaviors well as addressing the environment as well and demonstrating that fantasies are handled through CBPT.
3. CBPT can be used to introduce and teach coping strategies. Whereas verbalization can provide opportunities for adults to change maladaptive, irrational thoughts, play enables cognition processes in children, which can produce positive and more adaptive cognition.
4. CBPT is a problem or goal-oriented, time-limited, directive, and structured. The goals of treatment in CBPT are related to the problem presented.
5. CBPT has many studies providing empirical support for its treatment. Not surprisingly, CBPT incorporates research-backed strategies and interventions (e.g., relaxation techniques, and processing of trauma narratives).

### **Implementation of Cognitive Behavioral Play Counseling Based "*Andai-Andai*" to Develop Resilience**

According to research from Hosein Ali Gorbani et al cognitive-behavioral training leads to increased positive cognitive, and emotional regulation, resilience, and self-control and decreased negative cognitive-emotional regulation for divorced women. In addition, research from Suranata, K., Rangka, IB, & Permana, AAJ stated that the CBT model has been widely used as an intervention to improve student's mental health, including resilience (Suranata et al., 2020).

Furthermore, the results of research from Shayla Polk show that counseling using CBT that focuses on trauma and combined with games can increase the resilience of children who are victims of sexual abuse (Hicks & Hicks, 2021). Cognitive behavioral

therapy is a form of counseling that aims to help clients get better, gain satisfying experiences, and fulfill certain lifestyles, by modifying certain mindsets and behaviors. The cognitive behavioral therapy approach seeks to focus on placing thoughts, beliefs, self-talk, and behavior toward self-consistency (Radiani, 2016).

Play therapy is a way to help troubled children overcome distress, using play as a medium for communication between the child and the therapist (Sc, 2001). Playing in adults can increase our self-esteem and lead to calm, silliness, joy, and stress relief. Resilience is closely related to a person's level of distress. Resilience also plays an important role in helping individuals to survive the many factors or causes of stress that can make individuals experience psychological distress. Therefore resilience is something that must be owned by every individual and can be improved through *Cognitive Behavior Play Therapy* (CE Schaefer, 2013).

Cognitive Behavioral Play Counseling Based on "*andai-andai*" in this study is an effort that can be made to develop individual resilience through telling folk stories originating from the South Sumatra region. South Sumatra is an intercultural meeting area for various ethnic groups, so this area has a variety of cultures, customs, and languages. Of the various cultures that have developed, one of them is oral literature "*andai-andai*".

Counseling stages include "*andai-andai*" *Introductory* or *Orientation*, *Assessment*, *Middle Stage*, and *Termination Stage*. Counseling stages facilitate the counselee to develop every aspect of individual resilience. Aspects of resilience will be leveled according to this theory of Reich. K and Shatte. A (2002) namely as follows: (1) Emotion Regulation; (2) Impulse Control (3) Optimism (*Optimism*) ; (4) *Causal Analysis* ; (5) Empathy ; (6) *Self-efficacy*. (7) *Reaching Out*. Besides that, in every folktale that is told, some values can develop children's resilience. The *middle stage* development stages are as follows:

1. Folklore titled "Si Pahit Lidah". Counseling "*andai-andai*" In this session, the BK teacher distributes puzzles of the characters in the story "Si Pahit Lidah", Each student is asked to choose one puzzle which they will assemble and compete to complete the puzzle. At this stage, the goal expected by the Counseling Teacher is for students to develop emotional regulation, impulse control, optimism, and self-efficacy. Then after the puzzle is successfully assembled, the Counseling Teacher asks students to talk briefly about the characters in the puzzle they have chosen. Students are free to tell anything about the character, while other students must listen and respond to the story. In this stage, the goal of the BK teacher is to increase student empathy when listening to their friends tell stories. Furthermore, the BK teacher will tell the story with the actual plot and story. This story aims to improve aspects of impulse control, so that after listening to stories students are expected to be able to control and manage negative emotions. The next stage is the participants are asked to conclude the story. Each participant will come forward by demonstrating the positive behavior of the characters in the story. The other participants are asked to guess who is being demonstrated. At this stage, the expected goal is for students to have the ability to reach out, where students who will demonstrate characters must get out of their comfort zone and dare to optimize their abilities so that their friends can

guess the character they are demonstrating. The next stage is the BK teacher and students discussing the personalities of the characters in the puzzle. The last stage is the participants presenting the characters that suit them if they are in the story situation, then Each participant is asked to present the negative side and problems in the characters chosen by the participants and discuss alternatives. problem-solving. At this stage, it aims to improve the ability to analyze problems. At the end of each stage, the counselor and students explore the thoughts and behaviors that have been displayed by the students and after that, a discussion is held that these wrong thoughts and behaviors can be changed.

2. Folklore entitled "Legenda Pulau Kemaro". The counseling teacher carries out the "andai-andai" play counseling with the same stages as in the session of telling the story "The Bitter Tongue". These stages are carried out in each session. The story "Legend of Kemaro Island". aims to improve aspects of emotional regulation, so that after carrying out "andai-andai" counseling students are expected to be calm and focused in dealing with problems.
3. Folklore titled "Bujang Kurap". Students are expected to have the ability to interpret the verbal and non-verbal abilities of others.
4. Folklore entitled "Danau Ranau". Students are expected to have the ability to identify problems and make solutions to the problems they face.
5. The folklore is entitled "Pengorabanan Putri Kemarau", Students are expected to have the ability to get out of their comfort zone and dare to optimize their abilities.
6. Folklore entitled "Berudu Beking Mengalahkan Mak Rajo". Students are expected to have the ability to have the belief that everything will turn out well and be confident in facing everything, have the confidence to solve the problems they face, and have the confidence to succeed.

## 4 Conclusion

Individuals who have Resilience competence have personal qualities that can develop in facing difficulties in life ability to remain calm under stressful conditions, good impulse control, hope for the future & belief that they can control the direction of their lives, identify the causes of their problems, have empathy And high self - efficacy And own ability For go out from zone comfortable as well as optimizing capabilities. Cognitive Behavior Play Counseling based on "*andai-andai*" in this article is a curative effort that can be done to develop individual resilience. Implementation counseling uses storytelling techniques, and storytelling used in the study This is wisdom local from South Sumatra, namely "*andai-andai*". Inside \_ implementation counseling, counseling reflects feelings, conflicts, thoughts, and perceptions through "*andai-andai*" Folk tales are told originating from the area of South Sumatra, the stories told Si Pahit Lidah, Legenda Pulau Kemaro, Bujang Kurap, Danau Ranau, Pengorbanan Putri Kemarau And Berudu Beking Mengalahkan Mak Rajo.

## References

- Agnes, M. E. (2013). *Webster's New World College Dictionary*. CA: Jhon Willey.
- Alex J. Zautra, J. S. H. & K. M. (2010). *Hand Book of Adult Resilience* (A. J. Z. & J. S. H. John W. Reich (ed.)). The Guilford Press.
- Angelia, M., Tiatri, S., & Heng, P. H. (2020). Hubungan Religiusitas Dan Regulasi Emosi Siswa Sekolah Dasar. *Jurnal Muara Ilmu Sosial, Humaniora, Dan Seni*, 4(2), 451. <https://doi.org/10.24912/jmishumsen.v4i2.8252.2020>
- Beck, A., Emery, G., & Greenberg, R. (1985). *Anxiety Disorders and Phobias. A Cognitive Perspective*. Basic Books.
- Charles E. Schaefer & Drewes, A. A. (2014). The Therapeutic Powers of Play. In *John Wiley & Sons, Inc.* John Wiley & Sons, Inc.
- Connor, K. M., & Davidson, J. R. T. (2003). Development of a new Resilience scale: The Connor-Davidson Resilience scale (CD-RISC). *Depression and Anxiety*, 18(2), 76–82. <https://doi.org/10.1002/da.10113>
- Crenshaw, D. A., & Stewart, A. L. (2015). *Play Therapy: A Comprehensive Guide To Theory and Practice*. Guilford Publications.
- Fauziah Mohd Sa'ad, Fatimah Yusoof, S. N. & N. S. (2014). The Effectiveness of Person Centered Therapy and Cognitive Psychology Ad-din Group Counseling on Self Concepy, Depression and Resilience of Pregnant Out of Wedlock Teenagers. *Procedia-Social and Behavioral Sciences*, 114.
- Fitri, H. U. & K. (2019). Konseling Kelompok Cognitive Restructuring untuk Meningkatkan Resiliensi Akademik Mahasiswa. *Bulletin of Counseling and Psychotherapy*, 1(2), 1. <http://journal.kurasinstitute.com/index.php/bocp>
- Grotberg, E. H. (Ed. . (2003). *Resilience for today: Gaining strength from adversity*. Praeger Publishers/Greenwood Publishing Group.
- Hamizah, N., Nubailah, S., Yusuf, M., Sukor, N. M., Kepimpinan, F., Sains, U., Nilai, B. B., & Sembilan, N. (2021). TERAPI BERMAIN MENURUT PENDEKATAN ISLAM Play Therapy in Islamic Approaches merangkumi akidah , ibadah , akhlak , hinggalah kepada urusan kemasyarakatan , politik ,. *Jurnal Pendidikan Awal Kanak-Kanak Kebangsaan*, 10(2), 61–70.
- Han, M. H., & Nestler, E. J. (2017). Neural Substrates of Depression and Resilience. *Neurotherapeutics*, 14(3), 677–686. <https://doi.org/10.1007/s13311-017-0527-x>
- Hendar, K. (2019). Solution-Focused Brief Therapy Group Counseling to Increase Academic Resilience and Self-Efficacy. *Bimbingan Dan Konseling, Volume 9 N(Solution Focused Brief Therapy)*, 1–7. <https://journal.unnes.ac.id/sju/index.php/jubk/article/view/28494>
- Hicks, S. P., & Hicks, S. (2021). *Financial Stress in Undergraduate Students Walden University This is to certify that the doctoral study by.*
- Kaduson, H. G. [Ed], & Schaefer, C. E. [Ed]. (2000). Short-term play therapy for children. In *Short-term play therapy for children*. <http://ovidsp.ovid.com/ovidweb.cgi?T=JS&PAGE=reference&D=psyc3&NEWS=N&AN=2000-07164-000>
- Knell, S. (2009). *Cognitive Behavior Play Therapy*. NJ: Jason Aronson Inc.
- Knell, S. M. (2004). *Cognitive Behavioral Play Therapy*. Rowman & Littlefield Publishers, Inc. <https://www.ptonline.com/articles/how-to-get-better-mfi-results>
- Knell, S. M. (2016). *Cognitive-Behavioral Play Therapy* (John Wiley & Sons (ed.)).
- Kottman, T. (2011). *Play Therapy: Basics and Beyonds*. American Counseling Association.
- Liu, L. (2017). *Research on the Intervention of Positive Group Psychology Counseling on the Resilience of College Students*. 40(Iceland 2016), 53–55.
- Mcewen, K. (2011). *Building Resilience at Work*. Australia Academic Press.

- Newman, T. (2014). *Resilience Programs and Lit Review - Barnardos*.
- Palmer, S. (2000). Cognitive Counselling and Psychotherapy. In S. Szymanska, K., & Palmer (Ed.), *Counselling and Psychotherapy*. Sage Publication.
- Radiani, W. A. (2016). Cognitive Behavior Therapy Untuk Penurunan Depresi Pada Orang Dengan Kehilangan Penglihatan COGNITIVE BEHAVIOR THERAPY FOR DECREASING DEPRESSION ON PERSONS WITH LOSS OF VISION. *InSight*.
- Reddy, L. A., Files-hall, T. M., & Schaefer, C. E. (2005). *Empirically Based Play Interventions for Children* PUBLICATION DATE : February 2005 EDITION : Hardcover Publisher : American Psychological Association ( APA ). American Psychological Association.
- Reinecke, M. A., Dattilio, F. M., & Freeman, A. (2020). *Cognitive Therapy with Children and Adolescents* (Vol. 21, Issue 1). A Division of Guilford Publications, Inc. <http://journal.um-surabaya.ac.id/index.php/JKM/article/view/2203>
- Reivich, K & Shatte, A. (2002). *The Resilience Factor 7 Key To Finding Your Inner Strength and Over Coming Life's Hurdels*. Three Rivers Press.
- Salonga, D. (2021). Pengaruh budaya dalam pembentukan iman, karakter dan kepribadian. *OSF Preprints*. <https://doi.org/10.31219/osf.io/t3hb4>
- Sc, L. (2001). *Game Play Therapeutic Use of Childhood Games* (C. S. & S. E. Reid (ed.); Second Edi). John Willey & Sons, Inc.
- Schaefer, C. E. (2013). Foundations of Play Therapy. In *Journal of Chemical Information and Modeling* (Vol. 53, Issue 9).
- Schaefer, Charles E. (2016). *Play Therapy for Preschool Children*. American Psychological Association.
- Seligman, M. E. P. (2002). Positive Feeling and Positive Character. *Authentic Happiness*, 3–14.
- Shields, L. B., & Mullen, C. A. (2015). *Lee Brantley Shields Carol A. Mullen*. Springer.
- Smith, B. W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J. (2008). The brief resilience scale: Assessing the ability to bounce back. *International Journal of Behavioral Medicine*, 15(3), 194–200. <https://doi.org/10.1080/10705500802222972>
- Suranata, K., Rangka, I. B., & Permana, A. A. J. (2020). The comparative effect of internet-based cognitive behavioral counseling versus face to face cognitive behavioral counseling in terms of student's resilience. *Cogent Psychology*, 7(1). <https://doi.org/10.1080/23311908.2020.1751022>
- Theron, L. C. (2015). *Youth Resilience and Culture* (L. C. Theron (ed.); Volume 11). Springer.
- Walker, J., & Cooper, M. (2018). *Jeremy Walker and Melinda Cooper Accepted pre-print draft*. 90–94.
- Warner, R., & April, K. (2012). Building personal resilience at work. *Effective Executive*, 15(4), 53–68. <https://doi.org/10.1179/1743275813Y.0000000026>
- Widiyanti, W. (2018). RESILIENSI KULTURAL REMAJA PUTRI DI PONDOK PESANTREN AL-MUJTAHADAH PEKANBARU. *JOMSIGN: Journal of Multicultural Studies in Guidance and Counseling*, 2(1), 37–46.
- Wiwin Hendriani. (2018). *Resiliensi Psikologis*. Prenadamedia Group.
- Wawan, J. H. (2022, October 09). Penjelasan Hotel Porta soal Kasus Mahasiswa UGM Lompat dari Lantai 11. *Detikcom*. <https://www.detik.com/jateng/jogja/d-6337958/penjelasan-hotel-porta-soal-kasus-mahasiswa-ugm-lompat-dari-lantai-11>
- Wicaksono, P. (2023, October 2). Mahasiswi UMY Meninggal Dunia Jatuh Dari Lantai 4 Asrama, Diduga Bunuh Diri. *Tempo.com*. <https://nasional.tempo.co/read/1778747/mahasiswi-umy-meninggal-dunia-jatuh-dari-lantai-4-asrama-diduga-bunuh-diri>
- Young A., Dollarhide C. T., Baughman A. (2015). The voices of school counselors: Essential characteristics of school counselor leaders. *Professional School Counseling*, 19, 36-45.

Yulisnawati, E.A. (2023, October 11). Mahasiswa Unnes Tewas Diduga Bunuh Diri di Mall Paragon Semarang, Tinggalkan Surat Wasiat Bikin Nyesek. *Jawapos.com*. <https://www.jawapos.com/berita-sekitar-anda/013064680/mahasiswa-unnes-tewas-diduga-bunuh-diri-di-mall-paragon-semarang-tinggalkan-surat-wasiat-bikin-nyesek>

**Open Access** This chapter is licensed under the terms of the Creative Commons Attribution-NonCommercial 4.0 International License (<http://creativecommons.org/licenses/by-nc/4.0/>), which permits any noncommercial use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons license and indicate if changes were made.

The images or other third party material in this chapter are included in the chapter's Creative Commons license, unless indicated otherwise in a credit line to the material. If material is not included in the chapter's Creative Commons license and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder.

